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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/004,603-Conf. #8192
		Filing Date	October 23, 2001
		First Named Inventor	Stephen H. Decatur
		Art Unit	3629
		Examiner Name	M. L. Brooks
Total Number of Pages in This Submission		Attorney Docket Number	09469/070001; 94.0046

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px;">Remarks</div>															
<div style="text-align: center;"><b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b></div> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Firm Name</td> <td colspan="3">OSHA · LIANG LLP</td> </tr> <tr> <td>Signature</td> <td colspan="3">/Robert P. Lord/</td> </tr> <tr> <td>Printed name</td> <td colspan="3">Robert P. Lord</td> </tr> <tr> <td>Date</td> <td>January 28, 2008</td> <td>Reg. No.</td> <td>46,479</td> </tr> </table>				Firm Name	OSHA · LIANG LLP			Signature	/Robert P. Lord/			Printed name	Robert P. Lord			Date	January 28, 2008	Reg. No.
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